POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	*(illegible)* 45	8/5/00
O.I.P.E. CLASSIFIER	*(signature)*		8/18
FORMALITY REVIEW	*(signature)*	*(illegible)*	9-20-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		0	.... Objected

Claim (Final / Original)	Date		Claim (Final / Original)	Date		Claim (Final / Original)	Date
1 ✔ ✔			51			101	
2 ✔			52			102	
3 ✔			53			103	
4			54			104	
5 ✔			55			105	
6 ✔			56			106	
7 ✔			57			107	
8 ✔			58			108	
9 ✔			59			109	
10 ✔			60			110	
11 ✔			61			111	
12 ✔			62			112	
13 ✔			63			113	
14			64			114	
15 ✔			65			115	
16 ✔			66			116	
17 ✔			67			117	
18 ✔			68			118	
19 ✔ ✔			69			119	
20 ✔ ✔			70			120	
21			71			121	
22			72			122	
23			73			123	
24			74			124	
25			75			125	
26			76			126	
27			77			127	
28			78			128	
29			79			129	
30			80			130	
31			81			131	
32			82			132	
33			83			133	
34			84			134	
35			85			135	
36			86			136	
37			87			137	
38			88			138	
39			89			139	
40			90			140	
41			91			141	
42			92			142	
43			93			143	
44			94			144	
45			95			145	
46			96			146	
47			97			147	
48			98			148	
49			99			149	
50			100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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